PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. stated AGE should be st properly classified. 4 S THIS AGE UNFADING INK carefully supplied. PLAINLY, WITH DEATH in plain terms. See instructions on back of information should WRITE CAUSE OF

certificate.

Important.

ż

15

9 of

state Very

Exact statement

PLACE OF DEATH County Village or City 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Marrie WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day TAGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) erous 14 THE ABOVE IS KNOWLEDGE (Address

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.: Ward)

I'll death occurred in a hospital or institution, give its NAME Instead of street and number. T

NAME OTTO	Miller
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
color or race 5 single, White 5 single, Wilder, Warried, ORDIVORCED (Write the word)	(Month) (Day (Year)
(Month) (Day (Year)	that I last saw hand alive on The 3, 1915.
yrs mos 2 9 ds. OR min.?	and that death occurred on the date stated above, at 8-25-Q m, The CAUSE OF DEATH* was as follows:
Charlen,	O Lucio Sugaro
stry, nt in yer)	Several years (Buration) (Trs. mos. ds.
Melaware.	Secondary (Ouration) yrs mos ds.
Jesse W. allen	(Signed) 19 79 Jefferson M. D. Heffer, 1913) (Nodress) It for alst maked
intry Welaware	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Morrey E, Short,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the of death yrs. mos. ds. State yrs. mos. ds
WE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
derals hing hid #H	Date of Burial or REMOVAL DATE OF BURIAL
1915 BB Lefferson	20 UNDERTAKER ADDRESS ADDRESS Se devalsburg.
If more blanks are needed, address State Regist	tar, 6 E. Franklin St., Balt, Requesting V. S. No. 1.

No. .02



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeeper's mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons eausing dearn, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Groccity; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cuses, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many ocenpations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of State cause for For VIO-



UNFADING INK-THIS IS

state Very

PHYSICIANS should of OCCUPATION IS

statement

Exact

of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

RECORD

PERMANENT stated EXACTLY.

WRITE PLAINLY, WITH

Every Item of Information should be CAUSE OF DEATH in plain terms, s

N.B.

Important.

1 PLACE OF DEATH

1895

STATE OF MARYLAND

ADDRESS

County Carolina 199	Registration Dist, No. 62
Village or City / Sintery (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOOWEL, WIDOWEL, WIDOWEL, WIDOWEL, Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year) 7 AGE (Solution of the control	that I last saw h LN allye on
(a) Trade, protession, or particular kind of work. (b) General nature of indostry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Clustic Indocardulus (Ouration) yrs mos ds. Contributory Cuckman
10 NAME OF FATHER Plelsey Alley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Auxau (Ourstlon) yrs mos os (Signed) Auxau (In the Color of the Color of the Color of the Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hauf See	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds, State yrs, mes. ds Where was disease contracted, If not at place of death? Former or usual residence
(Address) Duline	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

UNDERTAKER



.

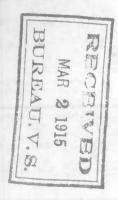
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Furmer or Planter, Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar meumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or misearriage as "Puerperal septichae cause. Always qualify all diseases resulting from nns," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report injnry, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of (disease cansing death), 29 ds.; "Exhanstion,"



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. NJ. 1.

CAUSE OF Important.

N.B.

Village or City Ridgely (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 66 St.; Ward) [if death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH Aug 4 19/2	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from Jelb. 2, 1915, to Jelb. 2, 1915
7 AGE (Month) (Day (Year) 7 AGE If LESS than t day,hrs. 2 yrs 6 mos 8 ds. OR min.?	and that death occurred on the date stated above, at 8 m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country). Country Continue Continue Continue 9 BIRTHPLACE	Contributory Bruchs premium
10 NAME OF FATHER Queliew Brown 11 BIRTHPLACE OF FATHER (State or country) Convolute Company 12 Malben NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOT	(Signed) Co. J., Survive , M. 1 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mes. ds. Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Ribysly Ind. 15 Filed Fels 7, 1915 Bacco	19 PLACE OF BURIAL OR REMOVAL Redgely and 20 UNDERTAKER ADDRESS He day he deed

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupatious additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in fudustrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) If the occupation has

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasics (disease eausing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or misearriage as "Puerperal schickaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgeuital," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shoek," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



1 PLACE OF DEATH

state

1897

(Year)

if LESS than

1 day,....hrs.

OR min. ?

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Day

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist. No. 6
le ave si: wi	[If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
MEDICAL CERTIFICAT	E OF DEATH
16 DATE OF DEATH Helt.	13 th 1915
(Month)	(Day (Year)
that I last saw h	the 13 the 1915
and that death occurred on the date st	
The CAUSE OF DEATH* was as follow	/s:

Uxhandu	~~
(Boration) Contributory Condo Contributory Contributory Condo Contributory Co	Lyrs mos - 0
*State the Disease Causing Death Causes, state (1) Means of Injury Tal, Suicidal, or Homicidal.	, or in deaths from Violen; and (2) whether Acciden
Where was disease contracted, It not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	PATE OF BURIAL
Decelon	Jeb 16,1915
2 CHAYDERTAYER 1	ADDRESS /
MITELIOIT	Herechon

z



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm taborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the klnd of work and also (b) For many occupations a single word or term on the who have no occupation whatever, write None. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (b) If the occupation has As examples

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. The contributory tctanus) may be stated under the head Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) For vio-



If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Ilf death occurred in

(Year)

a hospital or Institution.

give its NAME instead of street and number. I

mas

DATE OF BURIAL

ADDRESS

... 191.....

(Day)



[Approved by U. S. Census and American Public Realth Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Former (retired engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question Housemaid, etc. business or industry, and therefore an additional line cian, Compositor, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return For persons who have no occupation whatever, If the occupation has been changed Architect, Locomotive engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, Bronchopneumonia of hungs, menin-

on statement of cause of death approved by Committee mus," under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, letonus) may be stated on Nomenelature of the American Medical Association.) head-homicide; Poisoned by corbolic acid-probably Struck by railway train—accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of cause. Always qualify all diseases resulting from child-(name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shock," "Uracmia," "Weakness," The nature of the injury, as fracture of skull "Senile," etc.), as "PUERPERAL septichaemia," 10 ds. "Dropsy," "Exhaustion," State cause for which Never report mere



V. B. No. 1.

0

PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT Exact classified. be pinous properly AGE supplied. pe UNFADING may certificate. that 80 of terms, 0 plain Instructions Information _ DEATH See o OF Important. 14 Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred inWard) a hospital or Institution. give its NAME Instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE ORDIVORCED (Write the word) (Mont (Day) (Year) 17 hat I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, hrs. OR min. ? COCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry, business, or establishment lo (Duration) which employed (or amployer) -----Contributory... 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ds. State Where was disease contracted. If not at place of death?-Former or usual residence. DATE OF BURIAL 15 ADDRESS

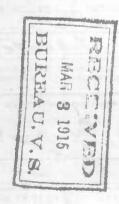
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekcepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust;; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indl-Never return "Laborer," The question For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Heasles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing (name origin; "Candeath), 29 ds.;



PHYSICIANS should state of OCCUPATION IS very

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate.

Every item of information should be CAUSE OF DEATH in plain terms, so

m. ż important.

1 PLACE OF DEATH

County Parsline



1900

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution give Its NAME Instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h was alive on Fall []
TAGE abacel > 5 BOCCUPATION (a) Trade, profession, or particular kind of work Darloular kind of work CACCUPATION (b) Trade, profession, or particular kind of work Darloular kind of work CACCUPATION (c) Trade, profession, or particular kind of work Darloular kind of work CACCUPATION (a) Trade, profession, or particular kind of work CACCUPATION (b) Trade, profession, or particular kind of work CACCUPATION (c) Trade, profession, or particular kind of work CACCUPATION (d) Trade, profession, or particular kind of work CACCUPATION (d) Trade, profession, or particular kind of work CACCUPATION (d) Trade, profession, or particular kind of work CACCUPATION (e) Trade, profession, or particular kind of work CACCUPATION (e) Trade, profession, or particular kind of work CACCUPATION (e) Trade, profession, or particular kind of work CACCUPATION (e) Trade, profession, or particular kind of work CACCUPATION (c) Trade, profession, or particular kind of work CACCUPATION (c) Trade, profession, or particular kind of work CACCUPATION (c) Trade, profession, or particular kind of work CACCUPATION (c) Trade, profession, or particular kind of work (and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Part Pours
10 NAME OF FATHER PLANE SALVEY	(Signed) PR, Ficher, M. D. The 1915 (Address) renters my
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (*BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Satesfield	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usoal residence.
(Address) Declaw July 16 Filed Heb 18, 1912 D. George n. 2. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Caruly harry, Les 18, 181.5 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrat, 6 E. Frankin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day taborer, Farm taborer, Laborer-(a) Spinner, (b) Cotton mitt; (a) Satesman, (b) first line will be sufficient, c. g., Farmer or Ptanter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. vatvutar heart discase; Chronic interstitiat nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," childbirth or miscarriage as "Puerreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State Never report cause for For vio-



PHYSICIANS should of OCCUPATION I	Village or City Treston (No. 1) *FULL NAME LALLY Go.	St; Ward) [it death of a hospital or give its NAM of street and of stre
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY.	SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day)
49	DATE OF BIRTH	I HEREBY CERTIFY, That I attended decease
a ping	(Month) (Day) (Year) AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
E 6 2	OCCUPATION MOS. ds. OR MIN.?	The CAUSE OF DEATH * was as follows:
AGI	(a) Trade, profession, or particular kind of work.	- January John Company of the Compan
supplied. AGI may be propertie.	particular kind of work	Contributory (Secondary)
so that it may be property of certificate.	particular kind of work (b) General nature at Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 NAME OF	Contributory (Secondary) (Doration) yrs mos. (Signed)
should be carefully supplied. AGI on back of certificate.	particular kind of work (b) General nature at Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Contributory (Secondary) (Doration) yrs mos
nation should be carefully supplied. AGI in plain terms, so that it may be propertions on back of certificate.	particular kind of work (b) General nature at Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME	Contributory (Secondary) (Signed)
formation should be carefully supplied. AGI I'm piain terms, so that it may be proper instructions on back of certificate.	particular kind of work (b) General nature at Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	Contributory (Secondary) (Signed)

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ample: Mcastes (disease causing death), 29 ds. such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Tuerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

PLACE OF DEATH	1902 STATE OF MARYLAND
County Carolines 119	CERTIFICATE OF DEATH
	Registration Dist. No. 62
Village or City Starmany (No,	St.;——Ward) [if death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Sarah Elizah	ethe festes of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, MARRIED, MARRIED, ORDIVORCEO ORDIVORCEO (Write the word)	16 DATE OF DEATH The 19 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last asw h alive on
⁷ AGE If LESS than	and that death occurred on the date stated above, at 3.16 - 9 m.
5 8 yrs 10 mos 20 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work Abausuurke	Garalysis of Jung
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	Constitution of the state of th
9 BIRTHPLACE (State or country) Musikanil	Contributory MMMM Secondary
10 NAME OF FATHER SALES OF COLOR	(Signed) folia Vist alling, H. D.
11 BIRTHPLACE OF FATHER (State or country)	Fab-19, 1915 (Address) Printer
11 BIRTHPLACE OF FATHER (State or country) Muryland 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) fragruland	At place of death 3 yrs. mos. ds. State 5 8 yrs. 10 mos. 20 ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) Williams St. flater	Former or usual residence Drawy Lunch
(Address) Prestole mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feb 20 1915 Klun Kustadure	20 UNDERTAKER APDRESS
REGISTRAR	I. Framplano Bartederalabiens
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



A 0 5

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: mine, etc. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Foreman," engineer,

pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubercu-"(Croup";) time and causation), using always the same accepted causing death (the primary affection with respect to fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the disease meningitis"); Diphtheria (avoid use of Typhoid fever (never report "Typhoid

> thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the ccrtificate is permanently filed. If this certificate is looked over thoroughly and all ques-



			5
	Z	3	Ě
	17	-	69
n	Z	2	1.00
3	1	×	14
Z	\mathbf{z}	14	-
-	04	***	9
ַ	11.	9	×
7	0	es es	
-		100	
n	4	0	9
ш		A	
	S	10	46
۲		=	100
-	S	ō	7
)		5	-
_	1		£
_	-	Ш	0
•		9	0
	×	-	5
ď	Z		-
	-	0	8
	()	=	_
	7	9	×
]	=	3	E
1		60	-
,	4	3	=
4	1	3	
-	Z	0	Ē
)	ell	-
		0	0
	I	0	ed
-		-	10
)	2	D	E
4		3	-2
		2	ž
l	7	NO.	c
5	=	6	a
-	_	0	0
	4	4	-
	-	E	=
	0	-	r
	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	of information should be carefully supplied. AGE should be stated EXACTLY.	DEATH in plain terms, so that it may be properly classified. Exact statemen
	Щ	=	4
		-	2
	04	0	-

state Very

SICIANS should

ō

certificate.

00

See instructions

Every Item CAUSE OF mportant,

m

ż

PHYSICIANS

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Jardline Registration Dist. No [If death occurred la St.:....Ward) a hospital or institution, give Its NAME lostead ot street and number.] PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED, 1915 WIDOWED. (Month) (Write the word) (Day Rowe live in January -DATE OF BIRTH that I last saw h..... alive on..... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: 00 OR 7 mos. BOCCUPATION (a) Trade, profession, or (b) General neture of Industry, business, or establishment in (Duration) which employed (or employer) 9 SIRTHPLACE Contributory Secondary (State or country) carus 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ___ mos. Where was disease contracted. 14 THE ABOVE IS TRU KNOWLEDGE If not at place of death?.... Former or usual rasidence. PLACE OF BURIAL DATE OF BURIAL (Address) -----15 20 UNDERTAKER ADDRESS REGISTRAR

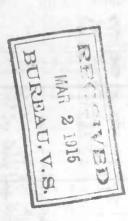
If more blanks are needed, address State Registrar, 6 & Pranklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At schoot or At home. who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question eated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton milt; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neofilasms); Meastes; Whooping cough; Chronic eer" is less definite; avold use of "Tumor" for maligmia," "Tuerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septicademns," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. Exvalvutar heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of (name origin; "Cancause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the ture of the American Medicai Association.) "Contributory." by carbolic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify aii diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," 2



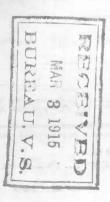


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal naterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

oma. Narcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrersal scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for Never report Examples: FOF VIO 01



1 PLACE OF DEATH

Viila	go of City Ridgely (No	St.; Ward) [it death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOROR RACE SINGLE, MARRIED, MODULE (Wildwell, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from the company of the
	(Month) (Day (Year)	that I last saw ham allve on Hele, 25 th 191
7 AGI	76 yrs 5 mos 24 ds. or min.?	and that death occurred on the date stated above, at
(a) 1 parti (b) busin	CUPATION Trade, profession, or icular kind of work	(Duration) yrs mos 2
9 BIF	State or country) Favor Grove Ga.	Secondary (Doration) 2 yrs mos
TS	11 BIRTHPLACE OF FATHER (State or country) & atchville Pa.	(Signed) f. C. Madara, M. Heb. (27, 1915 (Address) Ridgely Mid
ARE	(State or country) accurate Ta, 12 MAIDEN NAME OF MOTHER B MAISS ON	*State the DISEASE CAUSING DEATH, of, in donths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEM
14 -	13 BIRTHPLACE OF MOTHER (State or country) Chancelord Ga HE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos ds. State yrs, mos
	Informant) Dept M Haymaker	it not at piace of death? Former or usual residence
15 File	(Address). Magely Bell 27, 1915 Dewie REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 UNDERTAKE STATE OF BURIAL 20 UNDERTAKE STATE OF BURIAL 20 UNDERTAKE STATE OF BURIAL ADDRESS

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cated thus: been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the Americau Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., whou a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cauaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations ou statement of



00

0

z

OCCUPATION PHYSICIANS RECORD 0 statement PERMANENT EXACTLY Exact stated classified. UNFADING INK-THIS properly AGE supplied. pe may certificate. Carefully that 00 of WITH See instructions on back terms, should PLAINLY. plain Information ... DEATH WRITE 0 F0 mportant. Every Ite

FATHER

11 BIRTHPLACE

12 MAIDEN NA

13 BIRTHPLAC OF MOTHER (State or co

OF MOTH

OF FATHER (State or cou

PARENTS

15

state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OF SAMERIES 16 DATE OF DEATH 4 COLOR OR RAGE (Month) (Day (Year) I HEREBY CERTIFY, That I attanded deceased from Mar (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above 1 day hrs. The CAUSE OF DEATH* was as follows: OR mig. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 SIRTHPLACE (State or country Contributory. 10 NAME OF

(Signed) (Address)	Toldslow py
State the DISPASE CARSING	DEATH, or, in deaths from Violet NJURY; and (2) whether Accide
18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) At piace of death	In the
19 PLACE OF BURIAL OR REMOV	VAL DATE OF BURIAL

DORESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, portionaeum, etc., Carcin-

merc symptoms or terminal eouditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Conthenla," "Anaemia" (mcrely symptomatic), "Atrophy," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. ls less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Scalle," etc.), (Recommendatious ou statement of "Dropsy," "Exhaustion," Never report For vio-



BINDING	THE PERSON NAMED IN COLUMN
40 E	21 211
RESERVED	VINEADING INV
MAKGIN	MITTER
Z	VIAINI V
	-

PHYSICIANS shou

properly

pe

may

that

80

terms,

plain

EATH

a

Item OF

8

02

Every It

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Caroline Registration Dist. No. Ilf death occurred is St.:---Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR BACE 5 SINGLE. MARRIED. WIDOWED, CL (Month) ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... f day.....hrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 50 back 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-LO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs. mos. Where was disease contracted. See if not at place of death? Former or mportant. usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1

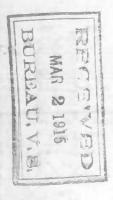


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Deafer," etc., without more precise speelstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never retnrn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the ocenpation has As examples:

Statement of cause of death—Name, first, the INSEASE CAUSING DEATH (the primary affection with respect to time and eansation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," nnqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nophritis, thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated nuless important. aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injnry, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State canse for childbirth or miscarriage as "Puerreral septichae etc., when a definite disease can be ascertained as the mns," "Old Age," "Sbock," "Uraemia," "Weakness," "Heart failnre," "Hacmorrbage," "Inanition," "Maras-"Collapse," "Coma," "Convilsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. thre of the American Medicul Association.) canse of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report



က်

Very SICIANS should occupation is RECORD PERMANENT classified. THIS properly INK supplied. UNFADING may certificate. 80 0 back terms. 0 PLAINLY piain See Instructions Information = EATH WRITE o a Item OF important. Every Ite m ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No... [If death occurred in St.: Ward) a hospital or institution. give its NAME Instead of street and nomber. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. Marries WIDOWED. Write the word) (Month) (Day (Year I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory... 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State _____ yrs, ____ mos. ___ ds Where was disease contracted. 14 THE ABOVE IS If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balo., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Mealth Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeeper's minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no oecupation whatever, write None. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avand use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic theuia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ete. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can scpsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerrebal septichaccause. Always qualify all diseases resulting from ete., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilcart failure," "Ilaemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: Is less definite; avoid use of "Tumor" for malig-(Recommendations ou statement of



S. No. 1.

RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OGCUPATION is very See instructions on back of certificate. N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, se Important.

1 PLACE OF DEATH

1909 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;Ward)

[if death occurred in a hospital or Institution, give Its NAME Instead

PERS	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE While While Widowed, ORONORCED (Write the word)	(Month) (Day (Year)
S DATE OF BIR	Agril 18 , 189	that I last saw hele alive on February 20, 1918
7 AGE	If LESS th 1 day,	snd that death occurred on the date stated above, atm
(a) Trade, professi particular kind of (b) General natur business, or esta which employed (o BIRTHPLACE (State or co	work	Contributory Paking yrs mos ds
O 11 BIRTHE OF FA' (State	Delawan OF ER William Bicharo	(Signed) (Ouration) yrs imos ds ### A 1915 (Address) A 1915 Aug 1915 Address) *State the Disease Carsing Death on in deaths from Vision
12 MAIDER OF MO OF MO (State	PLACE DARAGE DOWN	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ON RECENT RESIDENTS) At place In the of deathyrs,mos,ds Where was disease contracted,
(Informant)	my Euro Filower	If not at place of death? Former or usual residence
(Address)) Dellais Du	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, F. Franklin St., Salto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm-laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

etc., when a definite disease can be ascertained as the ihus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tclanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," Never report



Very state.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH orslind

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. dnties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise speciit should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer. first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucists of lungs, meninges, peritonacum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Deblity" ("Conample: Measles (disease causing death), 29 affection need not be stated unless important. oma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) canse of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., theuia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which snrgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of "Exhaustion," For vio-



/	ate	
	is bi	Ce
	Shou	
Q	ANS	Vi
COR	SICI	
RE	PHY	=
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	LY. ment	3.
ANE	KACT	3 5
RM/	act 1	//
9 H	state.	
Y S	be ified	7 ,
S	class	
H	erly	8
X	AG	
1	be de	9 E
Ň	may te.	W 9 =
FAI	fully it it tiffca	
S	care tha	
H	s. s. ck o	S
. ₹	term n ba	PARENTS
NLY	tain ns o	PAR
LAII	in p uctio	
o.	ATH	14
RIT	OF DE	
3	4. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
	AUSE	15
	E OF	15 F
	-	

County Oursline 9	STATE OF MARYLAND 911 CERTIFICATE OF DEATH
Village or City Redzely (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL PERTIFICATE OF DEATH
Tage Color or race Single, Married, Married, Month Color or race Single, Married, Married, Month Color or race Co	(Month) (Day (Year) 17 I HEREBX CERTIFY, That I attended deceased from 1915, to 1915 that I last saw have alive on 1915 and that death occurred on the date stated above, at 5 m The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of Indostry, business, or establishment to which employed (or employer) Particular kind of work which employed (or employer) Particular Analysis and Country Particular Analysis and Country 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 Augustic 15 BIRTHPLACE OF MOTHER (State or country) 16 Augustic 17 BIRTHPLACE OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 Augustic 10 Augustic 11 BIRTHPLACE OF MOTHER (State or country) 12 Augustic 13 BIRTHPLACE OF MOTHER (State or country) 14 Augustic 15 Augustic 16 Augustic 17 Augustic 18 Augustic 19 Augustic 10 Augustic 10 Augustic 10 Augustic 10 Augustic 11 BIRTHPLACE OF MOTHER (State or country) 12 Augustic 13 BIRTHPLACE OF MOTHER (State or country) 14 Augustic 15 Augustic 16 Augustic 17 Augustic 18 Augustic 18 Augustic 19 Augustic 19 Augustic 10 Augustic 10 Augustic 10 Augustic 10 Augustic 11 BIRTHPLACE OF MOTHER (State or country) 12 Augustic 13 BIRTHPLACE OF MOTHER (State or country) 14 Augustic 15 Augustic 16 Augustic 17 Augustic 18	(Signes) (Signe
(Address) Red Tely Mac General State Registran	if not at piace of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL While And Appress Appress Who don't have the first and



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a defiuite salary), may be entered as material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the ouly definite synonym is "Epidemic eerebrosphal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eer" nant neoplasms); Meastes; Whooping cough; Chronic thenia," "Auacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaeetc., when a definite disease cau be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) cause of death approved by Committee on Nomencia-".Contributory." scpsis, tetanus) may be stated under the head of iujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viois less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," cte.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for Never report



RECO	PHYSIC of OC
ANENT	XACTLY.
PERM	stated E
S IS A	classified
IK-THI	AGE sh properly
ING IN	supplied.
UNFAL	that it
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIG SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC printing. See instructions on back of contilions.
TE PLAIN	f Information EATH in pla
WR	SE OF E

Village or City Redocky (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 66 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and numbor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married. Mile (Write the word)	16 DATE OF DEATH Feb. 9, 1915- (Month) (Day (Year)
B DATE OF BIRTH (Month) (Day (Year)	Teb. 9, 1915, to Feb. 9, 1915, that I last saw have alive on Feb. 9, 1915
TAGE If LESS than t day,hrs. OR min.? Ca) Trade, protession, or Returned tarmer particular kind of work. (b) General nature of Indostry.	and that death occurred on the date stated above, at 12 P. m. The CAUSE OF DEATH* was as follows: Heart Facture Listantaneous
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Q. Go. Recl	Contributory Valvular Hart Lycing Secondary
11 BIRTHPLACE OF FATHER OF FATHER OF FATHER OF FATHER OF FATHER OF MOTHER OT MOTHE	(Signed) (Boration) yrs mos ds. (Signed) (Signe
of Mother Mary E and 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, It not at place of death?
(Address) Pede aly Address) 16 Filed Fela // 1915 REGISTRAR If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL Windhester Md 4th 12, 1915 20 UNDERTAKER W Ho Lord ADDRESS Ridgely Md

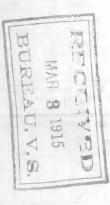


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not statement. Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm taborer, Laborer-Coul material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Satesman, As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliggenital," affection need not be stated unless important. vatvutar heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name orlgin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) Mcastcs (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. OU

a hospital or lostitution, give its NAME instead

	FULL NAME AUR Walls	***************************************	at ettest and nomber.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	F DEATH
35	EX. 4 COLOR OR RACE 5 SMOLE, MARKIED, Woodwich ORDIVORCES ORDIVORCES ORDIVORCES ORDIVORCES ORDIVORCES ORDIVORCES ORDIVORCES	16 DATE OF DEATH (Month)	23 ,1913 (Day (Year)
6 D	ATE OF BIRTH DOWN 1878 (Month) (Day (Year)	that I last saw held alive on the	(23 196)
	3 / yrs mos ds. 1 day, hrs. or min.?	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	d abovs, atm
(a	OCCUPATION) Trade, profession, or riticular kind of work The control of the con	Vulriculos	W
bus	General nature of Industry, siness, or establishment in leh employed (or employer)	(Duration)	2 yrs mos ds.
9 8	(State or Country)	Gontributory Explanation Secondary (Ouration)	300
10 NAME OF Soloman Pruder	(Signed) SS Sell 223-, 1915 (Address) SE	va . M. D.	
ARENTS	OF FATHER (State or country) ON KNOW	*State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY; & TAL, SUICIDAL, OF HOMICIDAL.	r, in deaths from VIOLENT and (2) whether Acciden-
4	13 BIRTHPLACE OF MOTHER (State or country) Dong Yender	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State	, Institutions, Transients
14 1	(Interment) 22 Walls	Where was disease contracted, If not at place of death? Former or usual residence.	
15	(Address) Mary hel Ind	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fi	18 2/24, 1915 W. Solorfia REGISTRAR	Howard Prikhett	ADDRESS Treusby
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V.	S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustion," Never report For vio-



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

CAUSE OF Important, S

N.B

V. S. No. 1

1 PLACE OF DEATH

Co	ounty faroline (15)	CERTIFICATE OF DEATH
-		Registration Dist, No.
	14 1 1.1	
Vil	liage or City lanals mg (No, _	St.;—Ward) [It death occurred in a hospital or institution,
		give its NAME Instead of street and number.]
	²FULL NAME	Williamson
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH DALL 0
	1 0 1 A WIOOWED, Smale	, 1912
1	nale Mule (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	Ther & 1915 to Feb 2 1915.
	19eb & 1915	12/0/1-
-	(Month) (Day (Year)	that I last saw half allve on
7 A	11 Ecos than	and that death occurred on the date stated above, atm,
	yrs mos ds. QR min. ?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	nemalure with
(a	Trade, protession, or	000000000000000000000000000000000000000
mark.	Officular kind of work General nature of industry,	A1000000000000000000000000000000000000
bus	siness, or establishment in	(Duration) yrs mos ds.
	ich employed (or employer)	Contributory
- 8	(State or country)	Secondary
1	10 NAME OF A A CALL	(Doration) yrs mos ds.
	La La Villiamson	(Signed) /9 / M. D.
TS	11 BIRTHPLACE OF FATHER	Hel- 2 1915 (Address) Lederalshing Wat
ARENT	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STATES OF THE STATE
AR	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
0	ilice I Malin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the
-	12000	ot death yrs. mos. ds. State yrs. mos. ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
45	(Interment) La Villiamson	Former or
	Vto Lon-Osla- 711-1	usual residence
	(Address) lewastrug mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	74.6 0 1-D/21) V//	Smithville ma Tet 3, 1910
FII	The same of the sa	20 UNDERTAKER ADDRESS
	REGISTRAR	VIL Ulliamson Hederalsburg
	Ir more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1914

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For vioaffection need not be stated unless important. "Contributory." The contributory Always qualify all diseases resulting from Measles (disease eausing "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) death), 29 ds., "Exhaustion,"



V. S. No. 1.

1 PLACE OF DEATH	1910 STATE OF MARYLAND
aralene 1	CERTIFICATE OF DEATH
Count & A	Registration Dist. No.
Village or City X EUCO (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
STEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on 256. 0, 1915,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	Chronic whostillie-
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Contr
10 NAME OF FATHER 0 11 PURTHOLOGY	(Signed) 7186 OWE, M. C. 2-1/- 1916 (Address) Hills (A.)
OF FATHER (State or country) 12 MAIDEN NAME	*State the DISPASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Many Still 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted,
(Informant)	If not at place of death? Former or usual rosidonco
(Address) 2 - 11 - 5 A NB CMZ	Bully Chips Date of Burial 2 UNDERTAKER 2 UNDERTAKER 2 UNDERTAKER 2 UNDERTAKER
Filed , 191 REGISTRAR If more blanks are needed, address State Registrar, I	bright moore duton



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farin laborer, Loborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. For many occupations a single word or term on the is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); I.obar pneumonia, Bronchopmeumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths under the head of "Contributory." Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulnular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (secondary), 10 ds. The contributory (secondary or intercur-"Puerperal septichaemia," (Recommendations Never report mere

